

# City of Linden

## Union County, New Jersey HEALTH DEPARTMENT

605 South Wood Avenue, Linden, New Jersey 07036 Phone:  $908-474-8409 \mid Fax: 908-474-1836$  health@linden-nj.gov https://linden-nj.gov/



### **Temporary Retail Food Establishment License Application**

Please submit this application to the Health Department at least two weeks prior to the event.

Please complete the following information:			
Business Name			
Business Address			
Dusiness Address			
City	State	Zip Code	
Applicant Name	Applicant Phone #		
Vendor/Applicant E-mail	<u> </u>		
Legal Business Owner's Name			
The Temporary Retail Food Establishment license must	be displayed by the vendor at the	e event at all times!	
Event name:			
Date(s)/Time(s): Locati	on:		
Commissary			
All temporary and special event vendors are required to have a commissary where all food storage, food prep (including washing and cutting of produce), baking, and cooking shall be done.			
Provide copy of current and valid Satisfactory Placard and license for that commissary.			
Please complete the Commissary Agreement on page 4.			
If your operation does not require a commissary agreement, please provide the explanation below:			
Certified Food Managers Name:			
Food Manager Certificate #:	Expiration Date:		

List all menu items that you would like to serve at the event. Note if they are prepared or cooked on site, or in advance.		

#### **Handwashing Station**

A handwashing station capable of providing a continuous flow of warm, running water is required within each booth or unit, unless only prepackaged foods are being sold. Please select one of the following:

- □ I will be serving only pre-packaged foods that don't require preparation or cooking
- □ I will have a hand sink with hot and cold water under pressure supplied with soap and paper towels
- □ I am a tent & table vendor serving open food and/or drinks and will provide the following:

#### Handwashing Set-Up



- A container with a hands-free spigot that is capable of holding a minimum of 5 gallons of water
- 2. 5 gallons of potable water (minimum) that will be replenished, as necessary
- 3. Pump Soap
- 4. Paper towels
- 5. A container to catch the waste water until it can be disposed of properly
- 6. A trash can for disposing of paper towels

Gloves and hand sanitizers DO NOT take the place of washing hands with soap and running water!

### **Food Handling and Temperature Control** How will bare hand contact with ready-to-eat foods be prevented? □ Tongs ☐ Food-grade disposable gloves □ Deli tissue □ Other: How will foods be held cold? How will foods be held hot? \_\_\_\_\_ Water and Ice If you have ice for human consumption, where will ice be obtained? □ Commissary □ Event □ Other: Where will you obtain potable water? □ Commissary □ Event □ Other: \_\_\_\_\_\_ Will you be using a hose to obtain water? □ Yes □ No If yes, is the hose food-grade quality? \_\_\_\_\_\_Do you have a backflow preventer for the hose? \_\_\_\_\_ □ Commissary □ Event □ Other: Where will wastewater be disposed? Sanitizing Where will utensil washing take place? □ Commissary □ 3-compartment sink in unit/booth What sanitizer will be used? □ Chlorine ☐ Quaternary ammonia **Temperatures Maintained** How will food temperatures be maintained during transportation? ☐ Insulated cooler, bag, plastic container ☐ Mechanical Refrigerators/Freezer

Please include with your application a drawing of the booth layout that includes all cooking and cold/hot holding equipment, hand washing as well as a menu. Incomplete applications will delay the approval process.

Temporary retail food establishment license fee is \$20.00. This fee is waived if the applicant operates a licensed retail food establishment within Linden.

Applicant is responsible for obtaining all other required city, county, and/or state approvals/inspections prior to the event.

Submit this completed application, with fee, to:

Linden Health Department 605 South Wood Avenue, Linden NJ 07036 Or email to health@linden-nj.gov

## **Commissary Agreement**

	Date
I,	of
(Commissary owner/operator) Located at	(Commissary Establishment Name)
(Address of comm	issary, City, State, Zip)
Give my permission to	of
(Temporary unit o	owner/operator) (Name of temporary unit)
To use my kitchen facilities to perform the f	ollowing tasks on their operation days:
reheating  Warewashing  Filling water tanks (must have food grade  Dumping waste water  Storage of foods, single-service items, and  Servicing and cleaning of equipment and of Other (specify)	d chemicals
A Commissary Use Log will be maintained a Indicate how and where the Commissary Us	nd made available to the department upon request. se Log will be maintained:
Commissary Water Supply:  □ Public □ Private	(PWSID#)
Commissary Sanitary Sewer Service:  □ Public □ Private	
Signature	
(Commissary owner,	operator)
Commissary Contact Phone Number:	
Commissary Email Address:	

This Commissary Agreement is Only Valid for the current year